

DECLARATION and POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:
My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PLANT SUGAR TRANSPORT PROTEINS

the specification of which is attached hereto unless the following box is checked:

was filed on _____ as U.S. Application No. _____ or PCT International Application No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is known to me to be material to patentability as defined in 37 CFR § 1.56.
I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application which designated at least one country other than the United States, listed below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Filing Date

Priority Claimed (Yes/No)

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States Provisional Application(s) listed below.
U.S. Provisional Application No. 60/083,044

U.S. Filing Date
04/24/98

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT International Application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International Application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is known to me to be material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

Filing Date

Status (patented, pending or abandoned)

POWER OF ATTORNEY: I hereby appoint the following attorney(s) and/or agent(s) the power to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Registration No.: 41,173

Name: **WILLIAM R. MAJARIAN**
Send correspondence and direct
telephone calls to:

E. I. du Pont de Nemours and Company
Legal - Patents
Wilmington, DE 19898, U.S.A.

Tel. No.
(302) 992-4926

INVENTOR(S)			
Full Name of Inventor	Last Name ALLEN Signature (please sign full name): <i>John C. Allen</i>	First Name STEPHEN	Middle Name M. Date: 6/28/99
Residence & Citizenship Post Office Address	City WILMINGTON Post Office Address 2225 ROSEWOOD DRIVE	State or Foreign Country DELAWARE	Country of Citizenship U.S.A. State or Country DELAWARE Zip Code 19810
Full Name of Inventor	Last Name HITZ Signature (please sign full name): <i>William D. Hitz</i>	First Name WILLIAM	Middle Name D. Date: 6/29/99
Residence & Citizenship Post Office Address	City WILMINGTON Post Office Address 404 HILLSIDE ROAD	State or Foreign Country DELAWARE	Country of Citizenship U.S.A. State or Country DELAWARE Zip Code 19807

■ Additional Inventors are being named on separately numbered sheets attached hereto.

Full Name of Inventor	Last Name KINNEY	First Name ANTHONY	Middle Name J.
Signature (please sign full name): <i>Anthony Kinney</i>			
Residence & Citizenship	City WILMINGTON	State or Foreign Country DELAWARE	Country of Citizenship UNITED KINGDOM
Post Office Address	Post Office Address 609 LORE AVENUE	City WILMINGTON	State or Country DELAWARE
Zip Code 19809			
Full Name of Inventor	Last Name TINGEY	First Name <i>Scott</i>	Middle Name V.
Signature (please sign full name): <i>CDH/V-Tingey</i>			
Date: 6/27/99			
Residence & Citizenship	City ELKTON	State or Foreign Country MARYLAND	Country of Citizenship U.S.A.
Post Office Address	Post Office Address 35 SOMERSET COURT	City ELKTON	State or Country MARYLAND
Zip Code 21921			